	PATENT A	APPLICATIO Effect)		_106	25	4.18							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		шт ү	OR	OTHER		
TOTAL CLAIMS			29					RATE		FEE		RATE	FEE	l
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	ŧΕ	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			29_ minus 20=		• 9			X\$ 9			OR	X\$18=	162.6	
INDEPENDENT CLAIMS			4 _ minus 3 -		,			X42				X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT		-			_			OR		FULL	R
<u> </u>	th Ellerense	le celema 1 is	fore than as	no enter	T is column 2			+140			OR	+280=		l
• If the difference in column 1 is less than zero, enter '0' in column 2 CLAIMS AS AMENDED - PART II								TOTA	۱ ا		OR		961	12
<u>ہ</u>	10-06°		SMAI	l E	ENTITY	OR	OTHER SMALL							
AMENDMENTA	(Column 1) CLAMAS REMAINING		(Cot)			(Column 3)				ADDI-			ADDI-	
		AFTER AMENOMENT		PREVIO	USLY	EXTRA		RATE	•	TIONAL FEE		RATE	TIONAL	
	Total	. 21	Minus	-2	7			XS 9	. 1	1.5.0	OR	X\$160	\ /	ľ
	Independent	. 3	Minus	3	<u>.</u>	-		X42				X340)	1	
3	FIRST PRESENTATION OF MULTIPLE DEPENDEN				avm			****	4		OR	784°	- X	l
	_							+140			OR	+280=		
\sim	1 01							TOT ADDIT, F			OR	YOTAL ADDIT. FEE		٨
ጆ	<u>- 1- 06</u>	(Column 1)		(Cotur		(Column 3)								1
AMENDMENT B		REMAINING AFTER		NUM	BEA	PRESENT		RATE	.	ADDI- TIONAL		RATE	ADDI- TIONAL	l
		AMENDMENT		PAID		EXTRA				FEE			FEE	
	Total	. <u>M</u>	Minus	- 5	9_	• 0		XS 9:	=		OR	X\$16 =		ŀ
	Independent	• 3	Minus	***	4	-0	1	X42•			OR	X	\.	
	PINOT PRESE	NTATION OF M	DLI IPLE DEF	ENDEN	CLOM []		•	•140	. 1		OR	+280=	V	
							١	101	1		OR	TOTAL		
5	8-30-06	(Column 1)		40 ales	M	Caluma 01		ADDIT, FI	Œ L		ļ	ADOIT, FEE		1
_	000,0	CLAIMS		(Colur	EST	(Column 3)	1		7	ADDI-			ADDI	ł
AMENDMENTC		AEMAINING AFTER		PREVIO	USLY	PRESENT		RATE	:	TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAID	ГОЯ	- 0			+	FEE		·	_EEE/	
	Independent	. 5	Minus	110	7 —	-0	ł	X\$ 9:	_		OR	X\$18=		
		NTATION OF M		PENDENT	DAIM			X42-			OR	X84=	V	
					-		•	+140-	. [OR	+280-	$V \setminus \overline{}$	
	 If the entry is column 1 is less than the entry in column 2, write "O" in column 3. If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. 								Ţ		OR	TOTAL	1	
-	'If the "Highest No	mber Previously Pa ther Previously Pal	aid For IN THE	S SPACE	s less the	.L whe £a	•	ADDIT, FI mid In the		ropriate box		· · · · · · · · · · · · · · · · · ·		

Application or Docket Number